

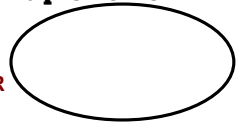
Entry Form

**All blanks must be completed for National Points. One Horse to a sheet and up to 3 Exhibitors
Only fill out Total Number of Horses, Horse Stalls, Shavings, etc on first sheet if you have multiple horses
Pre-entries may be sent to Gayle@BarefootRanch.com**

Person to be Billed: _____

Total # of Horses: _____

**BACK
NUMBER**



Horse Stalls: _____ Shavings: _____ Tack Stalls: _____ RV per day: _____ Cattle: _____ Jump Fees: _____

List All exhibitors of this horse with names and numbers exactly as they appear on ApHC Membership cards.

HORSE INFORMATION

Registered Name: _____ Registration#: _____ Sex: _____ Year Foaled _____

OWNER INFORMATION

ApHC#: _____

Owner's Name (LAST) _____ (FIRST) _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address _____ Home#: _____ Cell# _____

In-State Coggins Date Drawn: _____ Out of State Health Papers: Coggins Date Drawn: _____

OPEN EXHIBITOR

Name (LAST) _____ (FIRST) _____ ApHC#: _____

Address: _____ City: _____ State: _____ Zip: _____

Relationship to Owner: _____ Home#: _____ Cell#: _____

Date of Birth: _____

**OPEN
CLASS
NUMBERS**

NON-PRO EXHIBITOR

Write "SAME" if same person as Open Exhibitor

Name (LAST) _____ (FIRST) _____ ApHC#: _____

Address: _____ City: _____ State: _____ Zip: _____

Relationship to Owner: _____ Home#: _____ Cell#: _____

Date of Birth: _____

**NON-PRO
CLASS
NUMBERS**

YOUTH EXHIBITOR

Write "SAME" if same person as Open Exhibitor

Name (LAST) _____ (FIRST) _____ ApHC#: _____

Address: _____ City: _____ State: _____ Zip: _____

Relationship to Owner: _____ Home#: _____ Cell#: _____

Date of Birth: _____

**YOUTH
CLASS
NUMBERS**

Signature: _____ Date: _____

I acknowledge horseback riding is a sport in which carries inherent risks of injury and damage to myself, others, horses and property. I knowingly assume all risks. In consideration of my participation in this event, I will defend, indemnify and hold harmless any agents or employees of the above against all claims, demands, and causes of action, including court costs and actual attorney's fees arising from any proceeding or lawsuit brought by or prosecuted to my benefit. This agreement is binding on my executors, heirs and assigns. My signature acknowledges that I have read this liability and medical release and know and understand it's contents.